



**Medicaid Information  
Technology System**

# **Dental Provider Implementation Training**

## **MITTS 2011**

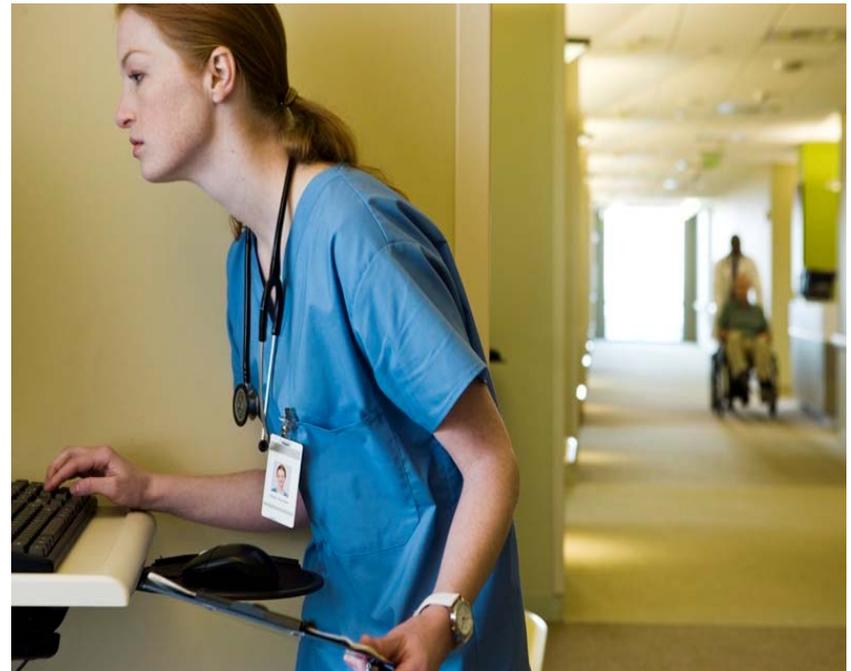
# Welcome

- Introductions of training team
- Training material
- Evaluation form



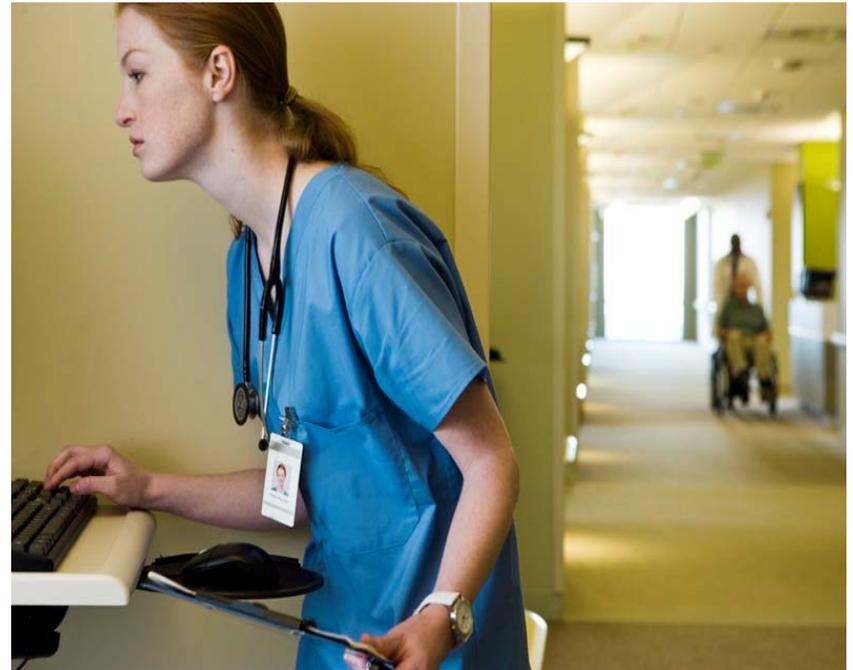
# Agenda

- Team Players
- Provider Preparation
- What is MITS
- What is MMIS
- MITS Enhancements
- General MITS Information
- MITS Web Portal



# Agenda, continued

- Provider Resources
- Questions & Answers
  - Enter questions during and at the end via the Questions button at top
  - Co-Trainer will enter answers
  - Trainer will read all Q&As at the end of the session



# Team Players



- Ohio Department of Job and Family Services (ODJFS)
  - Ohio Health Plans
- Hewlett-Packard (HP)
  - Vendor
- Medicaid Providers

# Provider Preparation

- Discuss with office leadership and staff about the upcoming changes
- Notify trading partners and contractors of upcoming changes
- Begin to think about the MITS Portal roles and how agents will need to be assigned by billing NPI
- Mark August 2, 2011 on office calendars

# What is MITS?

## Medicaid Information Technology System

- MITS will become the new Web-based, Medicaid management system
- MITS design is based upon the Medicaid Information Technology Architecture (MITA)
- MITS is a .NET environment able to process transactions in “real time”

# What is MMIS?

## Medicaid Management Information System

- MMIS is the current claims processing system
- 20+ years old
- Mainframe based
- Portal limitations
- Clinical auditing constraints

# MITIS Enhancements

# MITS Enhancements

- MITS Web Portal
  - Provider Enrollment
  - Recipient Eligibility
    - Review Recipient Medicaid eligibility
    - Verify Fee for Service and Medicaid MCP eligibility
  - Claims Management
    - Submit, adjust, void or copy all claim types
      - Professional
      - **Dental**
      - Institutional
    - Submit claims with attachments

# MIT S Enhancements

- MIT S Web Portal, continued
  - Prior Authorizations
    - Submit and upload attachments
    - Track and manage prior authorizations
  - Financial
    - PDF version of remittance advice
    - PDF will have specific EOBs and not HIPAA Adjustment or Remark codes
    - 1099 Information

# MITS Enhancements

- Additional benefits
  - Enforcing current policy via enhanced edits & audits
  - More information required at the detail level
  - New control numbers (examples: Claim numbers, PA numbers, application numbers, etc)
  - New enhanced remittance advices
  - Maps to Error Codes
    - HIPAA Adjustment and Remark Codes – Portal and EDI 835
    - OHP specific EOB – Remittance Advice and Portal

# MIT S Enhancements

- Provider Contracts
  - In MMIS, category or categories of service (COS) were assigned to a qualifying provider of a specific service. For example, a qualified physician that enrolled received a physician category of service that was based on their provider type. This “category of service” would determine what services the physician was qualified to be reimbursed for providing
  - In MIT S, “category of service” is referred to as **Provider Contracts or Contract**

# MIT S Enhancements

- Provider Contracts continued...
  - In MIT S, a single category of service (COS) may be the same as one provider contract. For example, a dentist received the dental COS in MMIS, and in MIT S will receive the dental contract
  - On the other hand, in MIT S, a single COS may be two separate provider contracts. For example, in MMIS, a physician received a single physician COS that included lab, but in MIT S, the physician will receive two contracts, a lab contract and a physician contract

# MIT S Enhancements

- Provider Contracts continued...
  - Another example is the Durable Medical Equipment (DME) COS. In MMIS, this was a single COS assigned to a qualifying provider that dispensed DME supplies for use in the home. In MIT S, the qualifying provider will receive two contracts, the DME Basic Contract and a DME Orthotics and Prosthetics (O&P) Contract. At re-enrollment, if it is determined that the DME Supplier does not supply O&P devices, they would no longer need the O&P contract

# General MITS Information

# General MITS Information

## Internal Control Number (ICN)

- The ICN will replace the transaction control number (TCN)

2010170357321

20	10	170	357	321
Region Code	Calendar Year	Julian Day	Claim Type/Batch Number	Number of Claim in Batch

All claims will be assigned an ICN

# General MITS Information

- **Converted Claims**

- Claims in MMIS are being converted for historical purposes and are denoted by the ICN region code 40
- Changes that can be made to these claims are minimal and will be discussed later in this presentation

# General MITS Information

## Internal Control Number (ICN)

- Primary region codes new claim submission
  - 10 Paper Claim without attachment
  - 11 Paper Claim with attachment
  - 20 Electronic 837 without attachment
  - 21 Electronic 837 with attachment
  - 22 Web Portal without attachment
  - 23 Web Portal with attachment

# General MITS Information

- Primary Region Codes, continued
  - 50 Adjustment – Non-check Related
  - 51 Adjustment – Check Related
  - 52 Mass Adjustment – Non-Check Related
  - 53 Mass Adjustment – Check Related
  - 54 Mass Adjustment – Void Transaction
  - 55 Mass Adjustment – Provider Retro Rates
  - 56 Adjustment – Void Non-Check Related
  - 57 Adjustment – Void Check Related
  - 58 Adjustment – Internet claims

# **MITS Web Portal**

## Getting Started

# Getting Started

- Technical Requirements
  - Internet Access (high speed works best)
  - Internet Explorer version 6.5 – 8.0 or Firefox 1.5 – 3.5
  - Turn off pop-up blocker functionality
- How do I Access the MITS Portal?
  - Go to <http://jfs.ohio.gov/OHP/index.stm>
  - The **ODJFS Medicaid Welcome Page** displays
  - Select the **Providers** link

# Getting Started

**Ohio.gov** | Department of Job and Family Services

Search

About JFS | Our Services | Info Center | New & Events

**Providers**

Home Consumers **Providers** Trading Partners Public Information Publications Admin Host

enrollment enrollment tracking search provider links long-term care account setup

Job & Family Services Ohio Medicaid

### Provider Home

Using the Provider Enrollment wizard, applicants are guided through the necessary steps to complete and submit an enrollment application to become a Medicaid provider. After logging in to the Secured Site, providers can use self-service tools to manage their account, access their mailbox, update demographic information, exchange data files, request eligibility verification, and process claims, prior authorizations, and referrals.

### Search Provider Directory

Allow a user to perform searches for providers and community resources by different search criteria such as county, city, state, or zip code.

### Fee Schedules

View schedules based on provider types in PDF/HTML/CSV

### Login to secure site

- Click Here to Login

### Provider Setup

If you are a provider and have received your Welcome Letter

- Click here to setup your account

### Agent Setup

If you are a provider employee or doing work on behalf of a provider

- Click here to setup your agent

# Getting Started

## Search Publications

Allow a user to perform a search for a publication and view the document.

## Provider Services

The provider services page contains links to HP contacts, ODJFS contacts, schedules, and provider training.

## Managed Care

Ohio Medicaid contracts with Managed Care Plans (MCPs) to provide quality health care to many Ohio Medicaid consumers.

- [Click here to setup your agent account](#)

Note: Provider must approve.

## Trading Partner Enrollment

- [Click here to setup your account](#)

## Provider Enrollment

- [Provider Enrollment](#)
- [Check Provider Enrollment Status](#)

## News

- [Enroll as a HOME Choice provider](#)
- [Rate increase for home and community-based service providers outlined](#)
- [Response to Medicaid Performance Audit](#)

[Home](#) | [Site Index](#) | [Food Assistance Non Discrimination Statement](#) | [Privacy Statement](#) | [Contact Us](#)

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# Getting Started

The screenshot shows the Ohio.gov website header with the Department of Job and Family Services logo and a search bar. Below the header is a navigation menu with links for 'About JFS', 'Our Services', 'Info Center', and 'New & Events'. A secondary menu includes 'Home', 'Consumers', 'Providers', 'Trading Partners', 'Public Information', and 'Public Services'. The 'Providers' link is highlighted with a red box. Below this is a sub-menu with 'enrollment', 'enrollment tracking search', 'provider links', and 'long-term care', with 'account setup' highlighted in a red box. The main content area is titled 'Job & Family Services Ohio Medicaid' and features a blue 'Account Setup' header. Below the header are two input fields: '\*Login ID' and '\*PIN'. The text explains that for Providers, the Login ID is the Medicaid Provider Number, and for Trading Partners, it is the Trading Partner ID. The PIN is defined as the last four digits of the EIN or SSN. A link 'click here' is provided for assistance. A 'setup account' button is located at the bottom of the form.

Ohio.gov | Department of Job and Family Services

Search

About JFS | Our Services | Info Center | New & Events

Home Consumers **Providers** Trading Partners Public Information Public Services

enrollment enrollment tracking search provider links long-term care **account setup**

Job & Family Services Ohio Medicaid

**Account Setup** ?

\*Login ID  For Providers, this will be your Medicaid Provider Number. For Trading Partners, this will be your Trading Partner ID.

\*PIN  The Personal Identification Number is the last four digits of their EIN or SSN.

If you need assistance logging in please [click here](#)

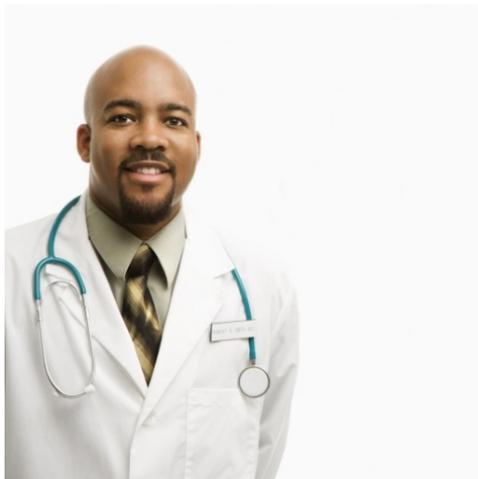
setup account

# Getting Started

- Provider Account Set up – Administrator
  - One account administrator per Billing NPI
  - Access to all secure information
  - Responsible for assigning roles to agents
  - Responsible for maintaining the provider's MITS Portal account including demographic information

# Getting Started

- Only ONE person needs access to the account
  - Provider Account/Administrator Set up Only



- TWO or more people need access to the account
  1. Provider Account/Administrator set up
  2. Agent Creation
  3. ...



# Getting Started

**Ohio.gov** | Department of Job and Family Services

Search

About JFS | Our Services | Info Center | New & Events

**Providers**

Home Consumers **Providers** Trading Partners Public Information Publications Admin Host

enrollment enrollment tracking search provider links long-term care account setup

Job & Family Services Ohio Medicaid

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# Getting Started

- Agent Account Information
  - Each agent account is role based
    - Search or submit (view and update)
    - Subject matter
  - Agent ID remains the same
    - Access to different NPIs can be granted
    - Agents access may be revoked by role and NPI

# Getting Started

- Each agent is assigned one or more of the following roles
  - Eligibility
  - Prior Auth Search
  - Prior Auth Submit
  - Claim Search
  - Claim Submission
  - 1099 Information  
(includes Remittance Advices)



# Getting Started

- Agent Maintenance Panel

### Agent Maintenance

User Name    Contact First Name ^    Contact Last Name

A

**remove agent**    **add agent**

\*User Name    Illuminating    [ Search ]

Contact First Name    Thomas A

Contact Last Name    Edison

**Assigned Roles**

Agent Roles

- Claim Submission
- Prior Auth Search

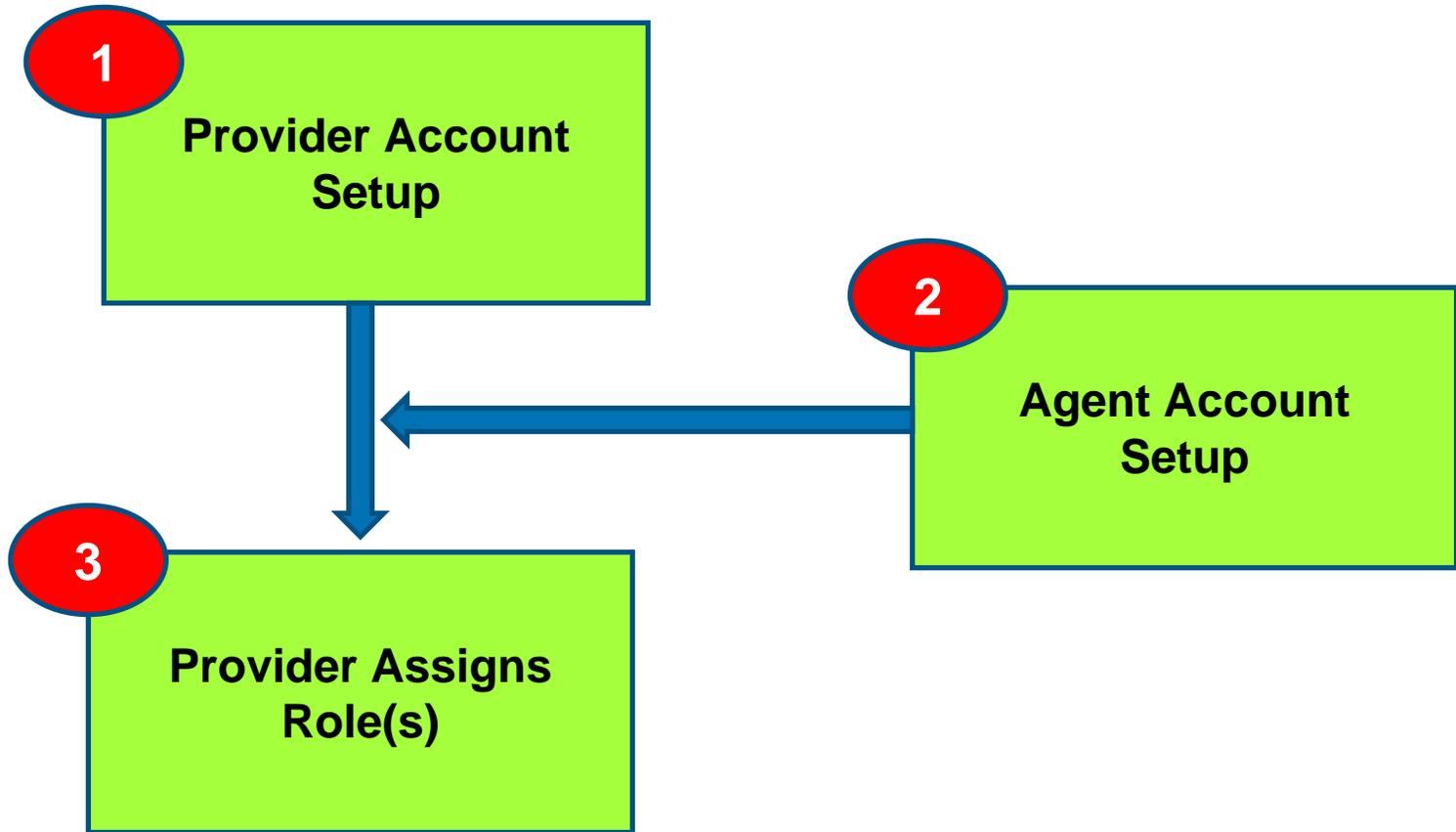
**Available Roles**

- Prior Auth Submit
- Eligibility
- Claim Search
- 1099 Information

<    <<    >    >>

# Getting Started

- Portal Access Flowchart



# Getting Started

Ohio.gov | Medicaid Information Technology System

Welcome, BOND007

Super User Providers **Account** Trading Partners Claims Eligibility

messages **switch provider** site settings agent maintenance

# Getting Started

- Switch Provider Panel

**Switch Provider** ? ^

National Provider ID	Medicaid Provider ID	Address	City	State	Zip	Zip + 4	Taxo	Provider Type	Default Provider ID
000123456	777	ANY ST N	ANYCITY	ST	55555	55555		DAYTON DENTAL	<input type="checkbox"/>
000123456	999	ANY ST LN	ANYCITY	ST	55555	55555		COLUMBUS DENTAL	<input checked="" type="checkbox"/>

Select row above to update

**Current Provider** 999999999

**National Provider ID**

**Address** 999 ANY ST LN

**City** ANY CITY

**State** ST

**Zip** 55555-5555

**Medicaid Provider ID** 999999999

**Taxonomy**

**Provider Type** LTC CINCINNATI

**Default Provider ID**

switch to

set as default

# Getting Started

- Reminder
  - MITS Portal is Web based and as long as access is still active, agents will be able to log into your account(s)
  - Add MITS Web Portal Agent Account functions to your employees new hire AND separation list

# Getting Started

- Once logged in, you are taken to the Provider **Secure Home Page**

Sub Menu options below each header option

The screenshot displays the 'Welcome, OH SUPER USER' interface. At the top, a dark red banner contains the text 'Welcome, OH SUPER USER'. Below this, a navigation bar features several menu items: 'Super User', 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', and 'Prior Authorization'. The 'Providers' menu is expanded, showing a list of sub-options: 'demogra', 'Maintenance', 'Na', '1099 Information', 'Provider FAQ', 'Zip Co', 'MITS Days Report', and 'Correspondence'. The main content area shows a table with columns for 'Provider', '900-12/31/2299', and 'NPI 7777777777'. Below the table, there is a section titled 'Your R.A' and 'The Down' with the text 'are being sent to: Files menu.' At the bottom of the page, a blue banner contains the word 'Messages', which is circled in red. The footer of the page includes the text '\*\*\* No rows found \*\*\*'.

# Getting Started

Claim Activity Summary	
Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0
Number of Claims Paid in Past 12 Months	0
Amount Paid in Past 12 Months	\$0.00
Number of Claims Denied in Past 12 Months	0
Number of Suspended Claims	0
Number of Claims in Final Disposition	0

- Summary of Claim Activity

- Quick links

## Quick Links

- [Medicaid Remittance Advice \(Pre-MITS\)](#)
- [1099 Information](#)
- [Provider FAQ](#)
- [ODJFS Provider e-Manuals](#)
- [JFS Provider Forms Central](#)
- [Managed Care](#)
- [Fee Schedules](#)

# Getting Started

- Updating Provider Demographics
  - Perform updates via the MITS Web Portal by selecting *Providers* and then *Demographic Maintenance* from the main menu
  - Reminder: Per Ohio State Law, Providers must notify the State within 30 days of any change to demographics



# Getting Started

## MITIS Web Portal Navigation

- “Copy,” “Paste,” and “Print” features will work in the MITIS Portal
- Help Features
  - Panel or Wizard Help
    - The “?” button in the upper right corner of a panel may be selected to reveal panel information
  - Field Help
    - Clicking a field title will open a box containing field information

# Getting Started

- Selecting the “?” button

search search detail dental institutional professional

Online Help - Windows Internet Explorer

interChange  
An HP Medicaid Solution

## Online Panel Help

### Claim Search-Search

The Claim Search-Search panel is used by the provider to search all claims associated with the provider's ID number. Search results can be narrowed by using the criteria fields.

**Field Descriptions:**

Field	Description
Clear	Clears all the search criteria.
Search	Displays the Search Results based on the criteria entered on the search panel.
Amount Billed	Dollar amount billed for the claim.
Claim Type	Type of claim.
Date of Service	Allows the user to filter the search by date of service. When Date of Service is selected as a search criteria field, the RA Date field is disabled.
From DOS	Beginning date of service for date range search. This field is enabled when Date Range is selected for Date of Service.
ICN/TCN	Contains either the internal control number (ICN) or the transaction control number (TCN) that cross references a converted claim from the old system.

search

clear

# Getting Started

- Field Help (e.g. Rendering Provider ID)

The screenshot shows a web form titled "Claim Search" with several input fields: "ICN/TCN", "Medicaid Billing Number", "Rendering Provider ID", and "Amount Billed". A mouse cursor is hovering over the "Rendering Provider ID" field, which has a question mark icon next to it. A "Search" button is visible to the right of the "Rendering Provider ID" field. An "Online Field Help" pop-up window is overlaid on the form, titled "Online Field Help - Internet Explorer Provided By HP IT". The pop-up window contains the following text:

**Rendering Provider ID**  
ID number of the provider who performed the service. Click [Search] to search for and select a rendering provider ID.

# Getting Started

## MITIS Web Portal Navigation, continued

- “Back” feature will not work in the MITIS Portal
- MITIS Web Portal access will time-out after 15 minutes of inactivity

# Getting Started

- Electronic Attachments
  - Accepted for Claims, Prior Authorizations, Enrollment and Re-enrollment processing
  - Acceptable file formats:
    - pdf, tiff, gif, bmp, jpg, ppt, doc, xls, txt and mdi
  - Size: each attachment must be < 50 MB
  - Each file must pass the MITS anti-virus scan
  - Number: a maximum of 10 attachments per submission

# **MITTS Web Portal**

## **Provider Enrollment and Re-Enrollment**

# Provider Enrollment

- New Processes and Features
  - Existing Medicaid providers do not need to re-enroll for MITS
  - All new providers or current providers who are re-enrolling must use the MITS Web Portal
  - Paper applications will no longer be accepted after Go-Live on August 2, 2011
  - Check the status of new applications and re-enrollments via the MITS Web Portal

# Provider Enrollment



- Application Tracking Number (ATN)
  - The 6 digit ATN will be assigned at the beginning of the enrollment process
  - Up to 3 days to complete the application
  - Check status of applications once completed

# **MITS Web Portal**

## **Recipient Eligibility**

# Eligibility Verification

- Providers use the MITS Web Portal to search and verify recipients' eligibility for benefit programs
- Consumers are referred to as recipients

Ohio.gov | Medicaid Information Technology System

Search

Model Office Thursday 07/08/2010 9:27:19 AM

Super User Providers Account Trading Partners Claims **Eligibility** Prior Authorization Reports Trade Files Portal Admin Publications Security

Admin Host

**eligibility search**

# Eligibility Verification

- Verification for the following:
  - ✓ Medicare
  - ✓ Benefit Plan
  - ✓ Case Spenddown
  - ✓ Third Party
  - ✓ Managed Care
  - ✓ Service Limitation
  - ✓ Patient Liability
  - ✓ Long Term Care

# Eligibility Verification

- Eligibility Verification Request panel

The screenshot displays a web-based form titled "Eligibility Verification Request". The form contains several input fields and buttons. On the left side, there are three input fields: "Medicaid Billing Number", "SSN", and "Procedure Code". On the right side, there are four input fields: "Birth Date", "DOS Date Format" (a dropdown menu currently showing "MM/DD/YYYY"), "From DOS" (containing "08/05/2010"), and "To DOS" (containing "08/05/2010"). At the bottom right of the form, there are two buttons: "search" and "clear". The form has a blue header bar with the title and a help icon (?) and an up arrow icon.

# Eligibility Verification

- Eligibility is determined using:
  - Recipient's Medicaid ID number, date of birth, and valid date of service (DOS) or
  - Recipient's SSN and date of birth, and valid DOS
  - Procedure code (optional)

## Service Limitation

Procedure Code	Description	Service Limitation
D2385	RESIN ONE SURF POSTER PERMAN	NEXT POSSIBLE DATE OF SERVICE IS 01/01/2010

# Eligibility Verification

- Third Party Liability
  - Clicking on the row opens a popup window with Carrier information

TPL						
Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder	Coverage Type	Coverage
OHIO MANAGEMENT SOLUTIONS	99999	0				INPATIENT COVERAGE
OHIO MANAGEMENT SOLUTIONS	99999	0				RX PHARMACY COVERAGE
OHIO MANAGEMENT SOLUTIONS	99999	0				PHYSICIAN/OUTPATIENT COVERAGE
OHIO PRESCRIPTION SERVICE	77777	0				RX PHARMACY COVERAGE

	Carrier Number: 99999
	Mailing Address: PO Box 7777
	City: ANYCITY
	State: OH
	Zip: 22222
	Phone Number: (222)666-5555
<input type="button" value="OK"/>	

An arrow points from the first row of the TPL table to the popup window.

# Eligibility Verification

- Managed Care
  - Clicking the row opens a popup window with MCP information

The screenshot shows a table titled "Managed Care" with the following columns: Plan Name, Active Date, and End Date. The row for "OHIO ADVANTAGE" is highlighted. A popup window titled "Windows Internet Explorer" is open, displaying MCP information for the selected row. The popup contains a yellow warning icon and the following text:

Provider ID: 7777777 MCD  
Mailing Address: PO BOX 9999  
Address 2:  
City: ANYCITY  
State: ST  
Zip: 99999  
Email:

An arrow points from the "OHIO ADVANTAGE" row to the popup window. The popup also has an "OK" button at the bottom.

Plan Name	Active Date	End Date
OHIO ADVANTAGE	05/2010	08/05/2010

# **MITS Web Portal**

## Claims Management

# Claims Management

- Within the Claims section of the MITS Web Portal, providers will:
  - Search for processed claims with or without attachments
    - Includes the ability to view suspended claims
  - Adjust, void or copy paid claims
  - Correct denied claims
  - Submit claims with or without attachments

# Claims Management

## Claims Search

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top, there is a search bar and a 'Search' button. Below the header, the navigation menu includes 'Super User', 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', 'Prior Authorization', 'Reports', 'Trade Files', 'Portal Admin', 'Publications', and 'Security'. The 'Claims' menu is open, showing options: 'Search', 'Search Detail', 'Dental', 'Institutional', 'Professional', and 'Status'. A mouse cursor is pointing at the 'Search' option. On the left, there are input fields for 'User Type' (set to 'Provider'), 'County', 'Provider ID', 'Trading Partner ID', and 'Tax Id'. At the bottom, there is a 'Records' dropdown set to '20' and 'search' and 'clear' buttons.

- From the main menu select “**Claims**”
- Select **Search** from the drop down menu

# Claims Management

## Claims Search (cont.)

Ohio.gov Medicaid Information Technology System

Model Office Thursday 07/08/2010 3:44:28 PM

Super User Providers Account Trading Partners **Claims** Eligibility Prior Authorization Reports Trade Files Portal Admin Publications Security Admin Host

search search detail dental institutional professional

**Claim Search** ? ^

ICN/TCN	<input type="text"/>	Claim Type	<input type="text"/>
Medicaid Billing Number	<input type="text"/>	Status	<input type="text"/>
Rendering Provider ID	<input type="text"/> [ Search ]	RA Date	<input type="text"/>
Amount Billed	<input type="text"/>	Date of Service	Last 30 days <input type="text"/>
Prescription Number	<input type="text"/>	From/Thru DOS	<input type="text"/> <input type="text"/>

Limited to 12 month range

Records

- Enter the information
- Hit the “Search” button

# Claims Management

## Claims Search Results

Claim Search
? ^

ICN/TCN	<input type="text"/>	Claim Type	<input type="text" value=""/>
Medicaid Billing Number	<input type="text"/>	Status	<input type="text" value="P - PAID"/>
Rendering Provider ID	<input type="text"/> [ Search ]	RA Date	<input type="text" value=""/>
Amount Billed	<input type="text"/>	Date of Service	<input type="text" value="Last 12 months"/>
Prescription Number	<input type="text"/>	From/Thru DOS	<input type="text" value=""/> <input type="text" value=""/>

Limited to 12 month range

Records

**Search Results will only include non-finalized claims and claims with a finalized date >= 07/13/2007**  
**The actual Check Issue Date will occur during the weekly remittance cycle**

**Search Results**

ICN	TCN	Medicaid Billing Number	From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
77777777777777		999999999999	01/26/2010	01/26/2010	CMS 1500 CLAIMS	PAID	07/07/2010	\$200.00	\$88.92
77777777777777		999999999999	01/05/2010	01/05/2010	CMS 1500 CLAIMS	PAID	07/07/2010	\$200.00	\$44.46
77777777777777		999999999999	04/24/2010	04/24/2010	CMS 1500 CLAIMS	PAID	06/08/2010	\$10.00	\$5.78
77777777777777		999999999999	12/27/2009	12/27/2009	CMS 1500 CLAIMS	PAID	05/12/2010	\$50.00	\$31.71
77777777777777		999999999999	01/05/2010	01/05/2010	CMS 1500 CLAIMS	PAID	04/20/2010	\$100.00	\$44.46
77777777777777		999999999999	01/01/2010	01/01/2010	CMS 1500 CLAIMS	PAID	04/20/2010	\$100.00	\$59.28
77777777777777		999999999999	12/31/2009	12/31/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$200.00	\$154.47
77777777777777		999999999999	12/28/2009	12/28/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$32.52
77777777777777		999999999999	12/27/2009	12/27/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$32.52
77777777777777		999999999999	12/26/2009	12/26/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$45.84
77777777777777		999999999999	12/20/2009	12/20/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$45.84

- Search results may be sorted

# Claims Management

- Previously paid claims
  - Paid claims can be
    - Adjusted
    - Voided
    - Copied



cancel

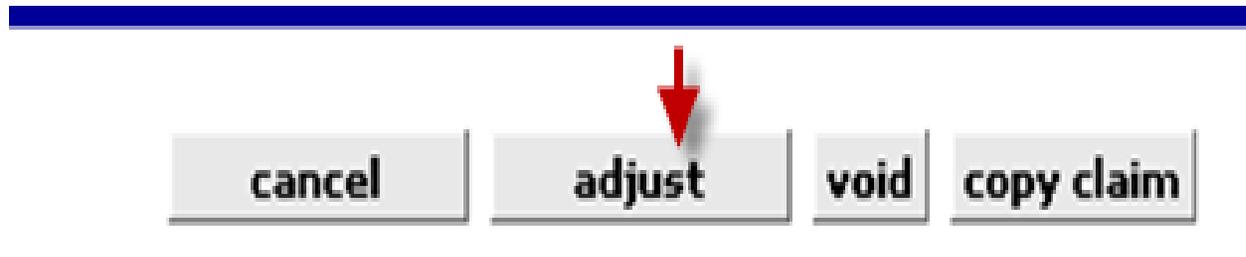
adjust

void

copy claim

# Claims Management

- Adjusting paid claims
  - Select the claim to adjust
  - Change the necessary information within the header and detail, as applicable
  - Click the **adjust** button



# Claims Management

- Adjusting paid claims, continued
  - Once you click the adjust button
    - A new claim is created and assigned its own adjustment ICN
    - Refer to the information in the “Claim Status Information” and “EOB Information” areas at the bottom of the page to see how your new claim processed
    - NOTE: Converted claims can only be adjusted by completely voiding the converted claim and completing a new submission

# Claims Management

- Adjustment Terminology
  - The Original or active claim is referred to as the “Mother Claim”
  - The adjusted or voided claim is referred to as the “Daughter Claim”
  - The amount owed to the provider is noted as an “Additional Payment”
  - The amount owed to the state is noted as an “Accounts Receivable”

# Claims Management

- Additional Payment to the Provider
  - If the adjusted claim amount is more than the original claim amount, the provider will receive an “ADDITIONAL PAYMENT”
  - The remittance advice notice (remit) will reflect the amount owed to the provider

# Claims Management

- Payment Owed the State
  - If the adjusted claim amount is less than the original claim amount, the state is owed an additional payment
  - The remittance advice notice will reflect the amount owed to the state in several sections of the remit as an “ACCOUNTS RECEIVABLE” and the “NET AMOUNT OWED TO STATE”
  - The money owed the state will be subtracted from the payment noted on the remit

# Claims Management

- Adjustment Example

2010220234001

Originally paid \$45.00

5010274127250

Now paid \$50.00

Additional Payment \$5.00

2010220234001

Originally paid \$50.00

5010274127250

Now paid \$45.00

Accounts Receivable (\$5.00)

# Claims Management

- Voiding paid claims
  - Select the claim you wish to Void
  - Click the **void** button at the bottom of the page
  - The status of the original claim does not change however, the claim is flagged as “non-adjustable” in the MITS Web Portal
  - An adjustment claim is automatically created and given a status of “Denied”
  - NOTE: Timely filing edits will no longer apply to paid claims being voided



cancel    adjust    void    copy claim

# Claims Management

- Void Example

2010220234001

Originally paid \$45.00

5610274127250

Reversal “Void”

Accounts Receivable (\$45.00)

# Claims Management

- Copying Paid Claims
  - Search and open the claim you want to copy
  - At the bottom of the claim, select **Copy claim**
  - Make your changes to the fields
  - The **submit** and **cancel** buttons display at the bottom of the new page
  - Select **Submit** when changes are made
  - Claim is assigned a new ICN



# Claims Management

## Methods of Claim Submission

- HIPAA Transactions 837 and MITS Web Portal
  - Claims without attachments
  - Claims with attachments
    - Send completed EDMS cover sheet and attachments by mail, or
    - Upload attachments through the MITS Portal
- Paper Claims
  - Only ADA 2006 claims will be accepted
  - Paper claims will only be accepted if they are “straight Medicaid claims”
    - No Other Payer, including TPL and Coordination of Benefits (COB) or Medicare Crossover information

# Claims Management

- Submitting a Claim
  - From the main menu select **Claims**
  - Select **Dental** from the drop down menu

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top, the Ohio.gov logo is on the left, and the text "Medicaid Information Technology System" is on the right. Below the logo, a red banner says "Welcome,". A navigation bar contains the following tabs: "Providers", "Account", "Trading Partners", "Claims", "Eligibility", and "Prior Authorization". The "Claims" tab is selected, and a dropdown menu is open, showing the following options: "Search", "Search Detail", "Dental", "Institutional", and "Professional". The "Dental" option is highlighted with a mouse cursor. Below the navigation bar, there are several input fields: "User Type" (set to "Provider"), "County" (empty), "Provider ID" (empty), "Trading Partner ID" (empty), and "Tax Id" (empty). To the right of these fields, there are labels for "Business" and "Part". At the bottom right of the dropdown menu, there is a "Records" field set to "20".

# Claims Management

## Submitting a Claim

- Claims Entry Format – will be divided into different sections called panels
- Each Panel will have an \* asterisk for a portal field that is required. There are some fields that are situational for claims adjudication that do not have an asterisk, but are required for adjudication. For example TPL allowed amount in the Other Payer Panel
- Add/Delete/Edit
- Search
  - Description
  - Numeric



# Claims Management

## Submitting a Claim

- Blue Header
  - Identifies the Provider and NPI
- Billing Information
  - Medicaid Recipient
    - Medicaid Billing Number
    - Date of Birth

Dental Claim:		NPI -
BILLING INFORMATION		
ICN		
Provider ID		NPI
*Medicaid Billing Number	<input type="text"/>	
*Date of Birth	<input type="text"/>	
Last Name		
First Name, MI		
*Patient Account #	<input type="text" value="0"/>	
Referring Provider #	<input type="text"/>	
Patient Amount Paid	<input type="text" value="\$0.00"/>	

# Claims Management

## Submitting a Claim

- Using the generic Medicaid provider ID “911115” will cause your claim to deny
  - Not HIPAA-Compliant
  - Providers are required to use 10-digit NPI if the service requires a referral or prescription



# Claims Management

## Submitting a Claim

- Service Information
  - Same required information as the EDI 837D and ADA 2006
  - Dates of Service
  - Prior Authorization Number
  - Total Charges
    - This field will populate based on the detail entry

**SERVICE INFORMATION**  
\*Release of Information    
From Date   
To Date   
Emergency    
Accident Related To    
Accident State    
Accident Country  [ Search ]  
Accident Date   
EPSDT    
\*Place of Service  [ Search ]  
Prior Authorization #   
**TOTAL CHARGES**  
Total Charges \$0.00  
Medicaid Allowed Amount \$0.00  
TPL Paid Amount \$0.00  
Total Medicaid Paid Amount \$0.00  
Medicaid CoPay Amount \$0.00  
Notes

# Claims Management

## Submitting a Claim

- [Search] feature

**Detail**

Item	DOS	Procedure Code	Units	Tooth Number	Quadrant	Charges	Status	Medicaid Allowed Amount
A	1		0			\$0.00		\$0.00

Type data below for new record.

delete    add    copy

Item 1    \*DOS

\*Procedure Code  [ Search ]    \*Units

Tooth Number  [ Search ]    \*Charges

Quadrant

Rendering Provider

Status

Other Payer - Detail

\*\*\* No rows found \*\*\*

**Procedure Code** [ Close ]

Search ? ^

Procedure  Description

search    clear

**Search Results**

Procedure ^	Description	MedB NonCovered
D2951	TOOTH PIN RETENTION	
D3920	TOOTH SPLITTING	
D7130	TOOTH ROOT REMOVAL	

# Claims Management

## Submitting a Claim

- Other Payer Panel (formerly called TPL)
  - Enter all Other Payer information

Other Payer

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

delete add

Other Payer Amounts and Adjustment Reason Codes

# Claims Management

## Other Payer Information

- TPL claims must be submitted EDI or via web portal
- HIPAA compliant adjustment reason codes and amounts are required
- Other payer information can be reported at the claim level (header) or at the line level (detail). This includes primary other payer payments or denials
- Allowed amount is required for other payer TPL. This must be entered or the claim will deny

# Claims Management

## Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code
ASDASD	WRERW		01/01/1977	STEPCHILD	UNKNOWN	ERET2424	\$33.29	04/02/2001	03134
TEST	LAST			FATHER	MALE	ABCDE2424	\$1.67	01/28/1999	01888
BRESNAHAN	AGNUS	J	4/9/1981 12:00:00 AM	SELF	FEMALE	12TRT32	\$12.00	11/11/2008	01009

Type changes below.

delete

add

\*Claim Filing Indicator

OTHER NON-FEDERAL PROGRAMS

\*Insurance Carrier Name

ELITE BENEGITS

\*Policy Holder Relationship to Insured

STEPCHILD

\*Carrier Code

03134

[ Search ]

\*Policy Holder Last Name

ASDASD

\*Insured's Policy ID

ERET2424

\*Policy Holder First Name, MI

WRERW

\*Payer Sequence

SECONDARY

Policy Holder Date of Birth

01/01/1977

Medicare ICN

Gender

UNKNOWN

\*Paid Amount

\$33.29

\*Paid Date

04/02/2001

Allowed Amount

\$0.00

Other Payer Amounts and Adjustment Reason Codes

# Claims Management

## Selecting the type of Other Payer

Other Payer								
Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date
A								

Type data below for ne

delete    add

**\*Claim Filing Indicator** ▼    \*Insur

\*Policy Holder Relationship to Insured

\*Policy Holder Last Name

\*Policy Holder First Name, MI

Policy Holder Date of Birth

Gender

\*Paid Amount

\*Paid Date

Allowed Amount

Other Payer Amounts and

Item	DOS	Procedure Code
A	1	

delete    add

Item    1

\*Procedure Code

Tooth Number  [ S

Quadrant

BLUE CROSS/BLUE SHIELD

CENTRAL CERTIFICATION

CHAMPUS

COMMERCIAL INSURANCE CO.

DENTAL MAINTENANCE ORGANIZATION

DISABILITY

EXCLUSIVE PROVIDER ORGANIZATION (EPO)

FEDERAL EMPLOYEE PROGRAM

HEALTH MAINTENANCE ORGANIZATION

HMO MEDICARE RISK

INDEMNITY INSURANCE

LIABILITY MEDICAL

MANAGED CARE NON-HMO

MEDICAID

MEDICARE PART B

OTHER FEDERAL PROGRAM

OTHER NON-FEDERAL PROGRAMS

POINT OF SERVICE (POS)

PREFERRED PROVIDER ORGANIZATION (PPO)

SELF-ADMINISTERED GROUP

SELF-PAY

UNKNOWN

VETERAN ADMINISTRATION PLAN

WORKERS' COMPENSATION HEALTH CLAIM

detail

d Allowed

r for ne

0

\$0.00

\$0.00

# Claims Management

## Submitting a Claim

- Service Detail
  - Procedure
  - Tooth Number, Quadrant

Detail									
Item	DOS	Procedure Code	Units	Tooth Number	Quadrant	Charges	Status	Medicaid Allowed Amount	
A	1		0			\$0.00		\$0.00	

Type data below for new record.

<input type="button" value="delete"/>	<input type="button" value="add"/>	<input type="button" value="copy"/>							
Item	1	*DOS	<input type="text"/>	*Units	<input type="text" value="0"/>	*Charges	<input type="text" value="\$0.00"/>	Medicaid Allowed Amount	\$0.00
*Procedure Code	<input type="text"/>	[ Search ]							
Tooth Number	<input type="text"/>	[ Search ]							
Quadrant	<input type="text"/>	[ Search ]							
Rendering Provider	<input type="text"/>								
Status									

Other Payer - Detail

# Claims Management

## Submitting a claim

- Surfaces panel
  - Buccal
  - Distal
  - Facial
  - Incisal
  - Lingual
  - Occlusal

The screenshot shows a software interface for managing dental claim surfaces. At the top, a blue header bar contains the text "Surfaces (Detail Item 1)". Below this, a table with a light blue header row labeled "Surface" contains one entry with the value "A". To the right of the table, the text "Type data below for new record." is displayed. Below the table, there are two buttons: "delete" and "add". At the bottom, there is a label "\*Surface" followed by a text input field and a dropdown arrow icon.

# Claims Management

## Submitting a Claim

- Attachments panel
  - Upload electronically with claim or mail with EDMS cover sheet
  - Please include a description of the attachments

The screenshot shows a web interface titled "Attachments". It features a table with the following columns: "Type of Document", "Transmission Type", and "Description". The table contains one row with the value "A" in the "Type of Document" column. Below the table are two buttons: "delete" and "add". At the bottom, there are three input fields: a dropdown menu for "\*Type of Document", a dropdown menu for "\*Transmission Type", and a text input field for "Description".

Type of Document	Transmission Type	Description
A		

delete    add

\*Type of Document

\*Transmission Type

Description

# Claims Management

## Submitting a Claim

- Timely Filing
  - To request an exception to the timely-filing limitation, providers should submit the claim with the JFS 06653 form and any appropriate documentation attached. Refer to OAC rule 5101:3-1-19.3, "General Claim Submission"
  - The 06653 process may not apply to all providers
  - With MITS the provider can submit a claim and upload the 06653 via the Web Portal
  - Providers will be notified if this process changes in the future

# Claims Management

## Submitting a Claim

- Timely Filing
  - The JFS 06653 process does not replace the provider's responsibility for submitting all required information on a claim
  - Providers must follow the billing instructions to include required information when billing for the following timely filing exceptions:
    - Delayed eligibility determinations
    - State Hearing decisions resulting in retroactive eligibility
    - Coordination of Benefits (COB)

# Claims Management

## Submitting a Claim

- Supporting data panel for resubmission
- Enter the previously denied ICN or TCN
  - This is used for claims over 365 days that meet timely filing requirements
  - This information is required for the Audit Trail and Tracking purposes

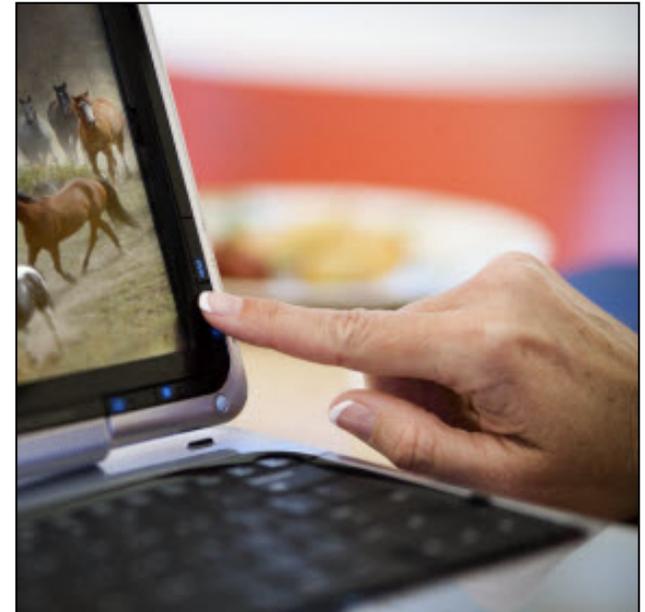
### Supporting Data for Delayed Submission / Resubmission

Previously Denied ICN or TCN

# Claims Management

## Submitting a Claim

- Once all fields have been completed
  - Select the Submit button
  - You may Cancel the claim at anytime, but the information will not be retained



# Claims Management

## Submitting a Claim

- Portal Errors
  - MITS will not accept a claim without all required fields being populated
  - The errors will be listed at the top of the screen
  - Each error is a “Link” directing you to the panel or field that needs to be completed or corrected

The following messages were generated:					
From DOS is required.					
Procedure is required.					
A valid Place Of Service is required					
A valid Procedure Code is required					
Units must be greater than 0.					
Charges must be greater than \$0.00.					
A valid Medicaid Billing Number is required					
A valid Medicaid Billing Number and Date of Birth combination is required.					

# Claims Management

## Submitting a Claim

- Adjudication will happen in “real time.” If there are portal errors, the status return will be

Claim Status Information	
Claim Status	Not Submitted yet

- Status Return
  - Paid
  - Denied
  - Suspended

# **MITIS Web Portal**

## **Financial Management**

# Financial Management

- Within the Financial section of the MITS Web Portal, providers will:
  - View 1099 information
  - View New Remittance Advices

# Financial Management

- The 1099 Information panel displays the provider's year-to-date 1099 information for a specific calendar year
- The total line displays the sum of the amount columns
- The information on this panel is Read or View only



The screenshot shows the Ohio.gov Medicaid Information Technology System interface. At the top, the Ohio.gov logo is on the left and "Medicaid Information Technology System" is on the right. Below the logo, there is a "Welcome," message. A navigation bar contains several menu items: "Super User", "Providers" (highlighted in red), "Account", "Trading Partners", and "Claims". Below this, there are sub-menu items: "demographic maintenance", "1099 information" (highlighted in red), and "provider faq". A blue header bar reads "1099 Information". Below this, there are two input fields: "Year" with a text box containing "2010" and "Records" with a dropdown menu showing "20".

# Remittance Advice

- Remittance Advices for claims processed after August 2, 2011 will be available to providers on the MITS Web Portal



The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top left, the logo 'Ohio.gov' is shown in red and blue, followed by the text 'Medicaid Information Technology System'. A red banner below the logo reads 'Welcome, OH SUPER USER'. A navigation menu contains the following items: 'Super User', 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', 'Prior Authorization', and 'Reports'. The 'Reports' item is highlighted in red. Below the navigation menu, a dropdown menu is open for the 'Report' field, showing a list of report types. The 'REMITTANCE ADVICE' option is highlighted in blue. In the top right corner of the page, there is a small photograph of a smiling woman and a child.

- Select Reports on the right

# Remittance Advice, continued

- Pages are titled by claim type and outcome
  - CMS 1500 and **Dental**
  - Paid, Denied, and Adjustments
- Adjustment Page
  - Identifies the original claim header information and the new adjusted claim

# Remittance Advice, continued

- Financial Transactions
  - Non-claim specific payouts
  - Claim and non-claim refunds
  - Accounts receivable tracking
- Summary Page
  - Provides current payment information
  - Per month information
  - Year to date information

# Remittance Advice, continued

- Informational pages
  - Banner Messages
    - Provides messaging to the provider community
  - EOB Code Descriptions
    - Provides a comparison of the codes to the description that appeared on claims on the paid, denied and adjustment pages
  - TPL Information
    - If a claim was not paid due to the recipient having another payer source (Third Party Liability) this section provides other insurance information

# MMIS Remittance Advices

- Historical Remittance Advices created prior to MITS will continue to be available at the current Medicaid Provider Portal
  - Only the RA function will be active on the previous web portal, and limited to 18 months post Go-Live

# **MITS Web Portal**

## Prior Authorization

# Prior Authorization

- All Prior Authorizations (PA) must be submitted electronically via the MITS Web Portal beginning August 2, 2011
- The status of a PA will be obtained via the MITS Web Portal

# Prior Authorization

- Within the PA section of the MITS Web Portal, providers will:
  - Submit PAs and attachments
  - Add notes to a PA
  - Search for previously submitted PAs and view attachments (if any)
  - View Reviewer notes
  - View PA usage including units and dollars

# Prior Authorization

## Submitting a PA

- Select “**Prior Authorization**” menu option in the Main Menu and select the **New** option from the sub-menu



Ohio.gov | Medicaid Information Technology System

Search

**Prior Authorization** Model Office Thursday 07/08/2010 9:34:22 AM

Super User Providers Account Trading Partners Claims Eligibility **Prior Authorization** Reports Trade Files Portal Admin Publications Security

Admin Host

search **new**

# Prior Authorization

## Submitting a PA

- Enter information in the **Base Information** panel and select Next

**Base Information**

\*Assignment

\*Authorization Type

\*Medicaid Billing Number

\*Date of Birth

Last Name

First Name, MI

Diagnosis Codes- Primary Diagnosis is sequence number 1.  
\*\*\* No rows found \*\*\*

# Prior Authorization

## Adding line items

- Select the Add button for each line item to be added
- Fill in all required fields

Provider

NPI -

Line Item								
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 01	1	\$0.00	0	\$0.00	ICD-9 Procedure Code			PENDING REVIEW

Select row above to update -or- click Add button below.

Line Item 01 Requested Eff Date

\*Service Type Code ICD-9 Procedure Code  Requested End Date

\*ICD-9 Procedure  [ Search ]

Associated PA Number

# Prior Authorization

Assignment Field – type of PA being submitted

- 01 - COMPRESSION GARMENTS
- 02 - DECUBITUS CARE EQUIPMENT
- 03 - DENTAL
- 04 - DRESSINGS, SURGICAL
- 05 - ENTERAL NUTRITION AND SUPPLIES
- 24 - EPSDT
- 06 - HEARING AIDS
- 07 - HOSPITAL BEDS
- 34 - HOSPITAL INPATIENT
- 35 - HOSPITAL OUTPATIENT
- 08 - INCONTINENCE SUPPLIES
- 38 - INCREASED STATE PLAN HOME HLTH
- 40 - MEDICAID SCHOOL PROGRAM

- 09 - MISCELLANEOUS EQUIPMENT
- 20 - ORTHODONTICS
- 10 - ORTHOTICS (MTA)
- 11 - ORTHOTICS/PROSTHETICS (NURSES)
- 23 - PDN
- 39 - PHYSICIAN SERVICES
- 12 - REPAIRS
- 13 - RESPIRATORY (MTA)
- 14 - RESPIRATORY (NURSES)
- 15 - SPEECH GENERATING DEVICES
- 16 - SUPPLIES (MISCELLANEOUS)
- 17 - THERAPIES
- 21 - TRANSPORTATION
- 18 - VISION
- 19 - WHEELCHAIRS

# Prior Authorization

## Authorization Type field

- Allows you to select Prior Authorization

**Base Information** ?

*Assignment	03 - DENTAL	*Service Provider	<input type="text"/> [ Search ]
*Authorization Type	Prior Authorization	*Contact Name	<input type="text"/>
*Medicaid Billing Number	Prior Authorization	*Contact Number/Ext	<input type="text"/> <input type="text"/>
*Date of Birth	<input type="text"/>	Special Indicator	<input type="text"/>
Last Name	<input type="text"/>	LTCF Discharge Date	<input type="text"/>
First Name, MI	<input type="text"/>	Admission Date	<input type="text"/>

-Diagnosis Codes- Primary Diagnosis is sequence number 1.  
\*\*\* No rows found \*\*\*

Click Add button below.

# Prior Authorization

## Adding Provider notes

- The Provider Notes panel is used to enter communications to the Reviewer for consideration
- Multiple notes may be added

# Prior Authorization

## Submitting Prior Authorization

- Almost all attachments can be completed and submitted on the portal
- To save time, providers may copy and paste information from plans of care and other medical documentation into the notes field on the PA request

# Prior Authorization

## PA attachment panel

- Used to identify electronic and non-electronic PA attachments
- Multiple attachments may be uploaded by selecting the Add button
- Select a *Type of Document*
- Select the *Transmission Type*
- Enter a *Description*  
(free form text field for providers to enter any helpful text as deemed appropriate)

# Prior Authorization

- Select Type of Document

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. A dropdown menu is open, listing various document types for selection. The background shows a navigation menu with 'Super User' and 'Providers' tabs, and a search bar. The 'Attachments' section is visible, with a 'Type of Document' dropdown set to 'A'. Below the dropdown, there are fields for '\*Type of Document', '\*Transmission Type', and '\*Description'. A 'previous' button is located at the bottom right of the form area.

**Ohio.gov**

Welcome, OH SUPER USER

Super User Providers

search new

Base Information > Line Item

**Attachments**

Type of Document

A

delete add

\*Type of Document

\*Transmission Type

\*Description

previous

ABORTION FORM 3197  
ADJUSTMENT FORM 6766  
ADJUSTMENT FORM 6767  
ADJUSTMENT FORM 6768  
CERTIFICATE OF MEDICAL NECESSITY (CMS)  
CONSULTATIONS  
CONSULTATIONS FOR SURGICAL CLEARANCE  
DIAGNOSTIC TESTING  
DISCHARGE SUMMARY  
EXTENDED BED HOLD DAY(S) PRIOR AUTHORIZATION (9402)  
HISTORY AND PHYSICAL  
HYSTERECTOMY FORM 3199  
LABORATORY TESTS  
MEDICAL REVIEW FORM 6653  
MEDICATION LIST  
OPERATIVE REPORT  
OTHER  
OTHER RELATED PROGRESS NOTES  
PHOTOGRAPHS  
PHYSICIAN PROGRESS NOTES  
PRICE LIST  
PRODUCT INFORMATION  
PROGRESS NOTES  
STERILIZATION FORM 3198

Reports Portal Admin

button below.

the appropriate address. A  
s been submitted.

aim has been submitted. Onl

# Prior Authorization

- Select Transmission Type

<b>Attachments</b>	
<b>Type of Document</b>	
A	
<b>Select row at</b>	
<input type="button" value="delete"/>	<input type="button" value="add"/>
	For attachments submitted via mail, not and a button to view mailing address wi
	For documents transmitted via Upload, jpg, ppt, doc, xls, pdf, txt, and mdi can
<b>*Type of Document</b>	<input type="text"/>
<b>*Transmission Type</b>	<input type="text" value="v"/>
<b>*Description</b>	<input type="text"/>
	<b>MAIL</b>
	<b>UPLOAD</b>

# Prior Authorization

- Upload the attachments
- Only mail attachments that can not be uploaded
- All mailed attachments must include a completed EDMS cover sheet
- PA Confirmation
  - The PA Confirmation panel displays a confirmation message indicating that a PA request has been received
  - The system assigned PA number is displayed
  - Note the PA number for future reference

# Prior Authorization

- PAs will auto deny if supporting documents are not received within 30 days
  - If documents are not able to be uploaded due to failing the anti-virus scans, or
  - If the paper attachments and EDMS cover sheet are not received
- When reviewers request additional documentation to support the request the 30 day clock is reset
  - Reminder: documents containing viruses will not enter the system

# Prior Authorization

## Searching for a PA

- Select “**Prior Authorization**” menu option in the Main Menu; select **Search** option from the sub-menu
- The **PA Search** panel displays



The screenshot displays the Ohio.gov Medicaid Information Technology System interface. The header includes the Ohio.gov logo and the text "Medicaid Information Technology System". A search bar with a "Search" button is visible. The main navigation bar features the "Prior Authorization" menu item, which is highlighted in red. Other menu items include "Super User", "Providers", "Account", "Trading Partners", "Claims", "Eligibility", "Reports", "Trade Files", "Portal Admin", "Publications", and "Security". The date and time "Thursday 07/08/2010 9:34:22 AM" are shown in the top right. The "search" link in the bottom left is circled in red.

# Prior Authorization

## PA Search

- The PA Search panel allows the provider to search for PAs using a PA # OR Medicaid Billing #, and other criteria

The screenshot shows a web-based search interface for Prior Authorization. The title bar reads "Prior Authorization Search: NPI" and includes a help icon and a maximize icon. The search criteria are organized into two columns. The left column includes: "Prior Authorization" (text input), "Submission Date" (text input), "ICD-9 Procedure" (text input with "[ Search ]" button), "Procedure" (text input with "[ Search ]" button), "Revenue Code" (text input with "[ Search ]" button), "Status" (dropdown menu), and "Assignment Code" (dropdown menu). The right column includes: "Medicaid Billing Number" (text input), "Date Of Birth" (text input), "Name" (text input), "Procedure Code Thru" (text input with "[ Search ]" button), "Revenue Code Thru" (text input with "[ Search ]" button), "Diagnosis" (text input with "[ Search ]" button), and "Records" (dropdown menu set to "20"). On the far right, there are three buttons: "search", "clear", and "add".

# Prior Authorization

## PA Search Results Panel

- PA Search Results are displayed on the same page, and are formatted into a data list
- The data list contains summary information about the PA, with the PA number coded as a hyperlink

Search Results							
Prior Authorization	Medicaid Billing Number	Last Name	First Name	Status	PA Assignment	Service Type Code	Service Code
1010104003	999999999999	EDISON	THOMAS	A	34	ICD-9 Procedure Code	0609
1010104003	999999999999	EDISON	THOMAS	A	34	ICD-9 Procedure Code	3596

(Left side of Results panel)

# Prior Authorization

## PA Search Results Panel, continued

Search Results						
Service Code	Thru	Primary Diagnosis	Auth Eff	Auth End	Auth Units	Auth Dollars
		25000	04/15/2010	04/20/2010	1	0
		25000	04/15/2010	04/20/2010	1	0

(Right side of Results panel)

# Prior Authorization

## Viewing PA Information

- PA Base or Header information displays first

Base Information			
Prior Authorization	1010104003		
Assignment	HOSPITAL INPATIENT	Service Provider	NPI
* Authorization Type	Prior Authorization - Hospital	* Contact Name	SSS
Medicaid Billing Number	999999999999	* Contact Number/Ext	
Date of Birth	MMDDYYYY	Special Indicator	
Last Name	EDISON	LTCF Discharge Date	
First Name, MI	THOMAS A	Admission Date	
<b>-Diagnosis Codes- Primary Diagnosis is sequence number 1.</b>			
Sequence	Diagnosis	Description	
1	25000		

# Prior Authorization

## Viewing PA Information, continued

Line Item								
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
01	3	\$2.00	1	\$0.00	ICD-9 Procedure Code	3596		APPROVED
02	3	\$2.00	1	\$0.00	ICD-9 Procedure Code	0609		APPROVED

Select row above to view complete description.

Line Item	Requested Eff Date	Requested Units
Service Type Code	Requested End Date	Requested Dollars
ICD-9 Procedure		
Associated PA Number		
Authorized Units	Authorized Dollars	Authorized Eff Date
Quantity Used Units	Quantity Used Dollars	Authorized End Date
Balance Units	Balance Dollars	Status

# Prior Authorization

## Viewing PA Information, continued

- Other PA Information displays last

<b>Provider Notes</b>
None.
<b>Attachments</b>
None.
<b>External Notes</b>
None.

# Prior Authorization

## Reviewing External notes

- The External Notes panel is used by the PA Reviewer to communicate to the Provider
- Multiple notes may reside on this panel
- Panel is read-only for providers
- Verify status and outcome through the MITS Portal

# Provider Resources

# Don't Forget to Update...

- MITS Looks for the relationship – a link – between the billing provider and rendering provider. This link is important for Medicaid providers that may submit claims on behalf of their affiliated practitioners, such as hospitals, ambulatory surgery centers (ASCs), hospices, and group practices
- ASC facility charges and Hospice codes must be billed with only the facility ID

# Don't Forget to Update...

Record or update practitioner affiliations with a hospital, ASC, hospice, professional medical or dental group for billing individual professional services

- Complete form JFS 06777 located at: [www.odjfs.state.oh.us/forms/inter.asp](http://www.odjfs.state.oh.us/forms/inter.asp).

# Don't Forget to Update...

## Provider Type and Specialty

- It is important to verify and update your provider information, if necessary, before MITS is implemented. Maintaining your provider profile will help claims process accurately and prevent claims from being denied

# Critical Cut-offs

Some claims submitted with JFS 06653 will not be processed after Go-Live

- Supporting documents with electronic claims may be uploaded via MITS or mailed in using the EDMS cover sheet

# Resources

- Bookmark

<http://jfs.ohio.gov/mits/index.stm>

- Information and Readiness Releases
- Frequently Asked Questions (FAQ)
- MITS Online Tutorials
- User Manuals
- Training Handouts

<http://jfs.ohio.gov/ohp/index.stm>

- Billing instructions
- EDI Companion documents

# Questions



# Thank You

(please remember your survey!)



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